

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101573,463

FILING DATE

3/24/06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2		1	1			
3		1	1			
4		3	1			
5		8	1			
6		8	1			
7		1	1			
8		1	1			
9		1	1			
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TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	28	←	26	←		←
TOTAL CLAIMS	29	[REDACTED]	27	[REDACTED]	[REDACTED]	[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.				↓		
TOTAL DEP.					↓	
TOTAL CLAIMS						↓

BEST AVAILABLE COPY